

(revised 8/26/09)

Internal Event Request Form

Please submit this form at least two weeks prior to your event

Title of Event: _____

Contact Person for event: _____ Ext. _____ Date of Event: _____

Desired Facility or Room: _____ # of attendees _____

Event Start Time: _____ a.m. or p.m. Event End Time: _____ a.m. or p.m.

Time set-up will begin: _____ a.m. or p.m. Time clean up will begin: _____ a.m. or p.m.

Please do not publicize until you receive approval from Head of School's Office

Equipment & Set-up Requests

Room seating style - There is space to draw your room set-up on the reverse side.

Theater ☐ Classroom ☐ Hollow Square ☐ U-shaped ☐

Facility needs:

Lectern Yes ☐ No ☐

White Board Yes ☐ No ☐

Gym use-blue padding on floor Yes ☐ No ☐

Post on School Marquee Yes ☐ No ☐

Yes, it should say " _____ "

Housekeeping needs:

Tables Yes ☐ No ☐

Chairs Yes ☐ No ☐

Waste Baskets (small) Yes ☐ No ☐

Trash Cans Yes ☐ No ☐

Recycle Bins ☐ bottles ☐ cans

6' round _____ 6' rectangular _____

Blue plastic _____

how many _____

how many _____

☐ paper

Recycle bins will be delivered when a trash can is requested. We do need to know the type of recycle bin you need. Please check the appropriate box above.

Information Services/Fine Arts needs:

AV equipment:

Sound System Yes ☐ No ☐

PC Data Projector Yes ☐ No ☐

Screen Yes ☐ No ☐

TV Yes ☐ No ☐

VCR Yes ☐ No ☐

DVD Player Yes ☐ No ☐

Computer set-up Yes ☐ No ☐

Network setup Yes ☐ No ☐

Smart Board Yes ☐ No ☐

Overhead projector Yes ☐ No ☐

Telephone(speakerphone) Yes ☐ No ☐

number of microphones _____

(note: Wireless/lapel Yes ☐ No ☐

Handheld Yes ☐ No ☐

Special Lighting:

number of computers _____

Other equipment:

Advancement needs:

Proofing of programs/materials Yes ☐ No ☐

Post on Announcement Page Yes ☐ No ☐ (Please coordinate with the Marketing Coordinator and Webmaster)

Catering needs:

Tablecloths Yes ☐ No ☐

Skirting for tablecloths Yes ☐ No ☐

Food Yes ☐ No ☐

Drink Yes ☐ No ☐

Food Supplies Yes ☐ No ☐

size _____

type _____

type _____

bowls, napkins, cups, utensils, plates or _____

If you selected **YES**, enter your BUDGET CODE here: _____

Invoices from Dining Services should be sent to: _____

****Please follow-up with Dining Services Manager regarding your catering needs**

Additional Services Requested (Note: These services may be required):

Housekeeping ☐ Security Officer ☐ Technical Assistance from: IS ☐ or Performing Arts Director ☐

Other:

Additional Details:

Approvals:

Division Head Approval

Date _____

Signature of person who entered into FinalSite

Date entered into FinalSite

Date given to Kim Fogleman: _____

Date sent:

Date given

Contact person for building

Date received

Date given

Facilities

Date received

Date given

Information Services

Date received

Date given

Advancement

Date received

Date given

Dining Services

Date received

Date given

Copy to Requestor

Date received